

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	12/3
FORMALITY REVIEW	MD	579	3/23/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/2/01
2	✓	✓	1/2/01
3	✓	✓	1/2/01
4	✓	✓	1/2/01
5	✓	✓	1/2/01
6	✓	✓	1/2/01
7	✓	✓	1/2/01
8	✓	✓	1/2/01
9	✓	✓	1/2/01
10	✓	✓	1/2/01
11	✓	✓	1/2/01
12	✓	✓	1/2/01
13	✓	✓	1/2/01
14	✓	✓	1/2/01
15	✓	✓	1/2/01
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18	✓	✓	1/2/01
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25	✓	✓	1/2/01
26	✓	✓	1/2/01
27	✓	✓	1/2/01
28	✓	✓	1/2/01
29	✓	✓	1/2/01
30	✓	✓	1/2/01
31	✓	✓	1/2/01
32	✓	✓	1/2/01
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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